2012

Open Enrollment Booklet

The Year 2011 RETIREE Open Enrollment Period Runs From OCTOBER 10, 2011 through OCTOBER 28, 2011

City of Milwaukee

Retirees

Employes' Retirement System

789 North Water Street
Suite 300
Milwaukee, WI 53202
(414) 286-3557
www.cmers.com

Important: See Benefit Plan Changes for 2012.

Note: Separate benefit design sections for Non-Medicare groups under 65 and the Medicare groups.

UnitedHealthcare is the administrator for both health plans.

MEDCO is the new Pharmacy Benefit Manager.

TABLE OF CONTENTS

DISCLAIMER:

Receiving this booklet does not necessarily imply you are eligible for City health coverage. Only persons eligible under labor contract provisions, Common Council resolutions, or COBRA may enroll. In making these various plans available, the City of Milwaukee is not endorsing the selection of a particular plan or the level of benefits or quality of care offered by a particular plan. It is the responsibility of the retiree to carefully review the plan and to make a decision based on this review. This material was prepared and sent with the cooperation of the City's health plans.

City of Milwaukee

Department of Employee Relations

Dear City of Milwaukee Retirees:

There will be changes for all retirees beginning January 1, 2012. **The booklet you are looking at has information for both Medicare Retirees and retirees under 65 who do not have Medicare.** There are separate comparison charts for the Medicare Retirees and the retirees under 65 who do not have Medicare.

Medicare Retirees will have a choice of two plans. **The two plans are: UHC Choice** (also known as HMO plan) and **UHC Choice PLUS** (also known as the Basic Plan). The UHC Medicare Advantage plan is **not** being offered in 2012. For Medicare Retirees only, the Milwaukee Retiree Association (MRA), and their partner National Benefit Consultants Inc, will send you information under separate cover, about two additional plans, including a $0 premium plan. The City of Milwaukee does not administer the MRA plans and members leaving a City plan for a MRA plan need to notify ERS in writing. City Medicare retirees who leave a City plan to take one of the plans offered by MRA can return to the City plan during the next open enrollment period.

Medicare retirees in UHC Choice will be defaulted to UHC Choice in 2012 if they do not complete an open enrollment application. Medicare Retirees in the current Basic Plan (Anthem) or UHC Group Medicare Advantage Retiree Plan will be defaulted to UHC Choice PLUS in 2012 if they do not complete an open enrollment application.

Medicare Coordination Strategy: The City considers all claim benefit payments made by Medicare (as the Primary health insurance payer of the Medicare members), to be counted as the retiree's contribution to UHC Choice and UHC Choice PLUS deductible, co-insurance and out-of-pocket maximum. For "non-Medicare" covered services and Medicare deductibles and co-pays, the plan participant will be subject to any remaining UHC Choice or UHC Choice PLUS deductibles, co-insurance and out of pocket maximum. See comparison sheet for Medicare Retirees for additional information

Medicare Retirees with non-Medicare covered services will have the same deductible, co-pay and out of pocket maximum of under 65 retirees, but only for services that are not covered by Medicare.

Retirees under 65 without Medicare will have two health plan options with new benefit designs. These plans, UHC Choice and UHC Choice PLUS, are the same plans offered to active employees. See page comparison sheet for under 65 non-Medicare retirees for deductible, co-insurance and out of pocket maximums for the plans.

All retirees with both plans will have Medco as the prescription benefit manager and all retirees will have a three-tier, $5/$25/$50, co-pay for drugs. The drug costs are not part of the deductible, co-insurance or out of pocket maximum.

Retirees under 65 who have taken regular retirement under a labor contract will have their premiums determined by that labor contract. Management retirees who separated after January 1, 2009 and general city retirees who separate after January 1, 2012 will have a 2012 premium the same as active general City employees.

The ERS Staff, the UHC staff and Medco staff will be able to answer your questions during the open enrollment fairs, or through the phone numbers listed in the back of this booklet.

Sincerely,

Michael Brady
Employee Benefits Director

Retiree Open Enrollment

General Information

The Annual RETIREE Open Enrollment will take place from
October 10, 2011 through October 28, 2011

This booklet includes information for all City of Milwaukee Retirees.

- Some information is specific for **Medicare retirees**, some for **non-Medicare retirees**.
- Some information is specific for retirees enrolled in **UHC CHOICE PLUS** and some information is specific for retirees enrolled in **UHC CHOICE**. All members will get a new card from UHC Choice or UHC Choice PLUS for 2012.
- There is also information about the City's **Prescription Benefit Manager (PBM), Medco.** All plans and all members will have Medco and will have a three-tier $5/$25/$50 co-pay for their drugs. All members will get a new card for 2012 from Medco.

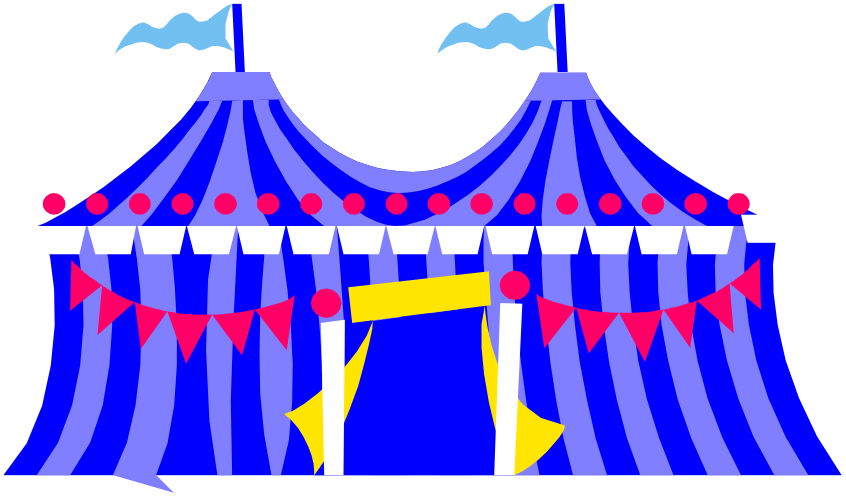
We hope the information is helpful to you in making critical decisions regarding your health plan choices as a City of Milwaukee retiree. This is your only opportunity during the calendar year to make a change to your health plan for 2012.

In 2012 the City is providing the following health plans for Retirees:

- ***UnitedHealthcare (UHC) CHOICE PLUS*** has replaced the City of Milwaukee Basic Plan that had been administered by Anthem.
- ***UnitedHealthcare (UHC) CHOICE*** is a comprehensive plan with a national network of providers.
- If you are enrolled in UHC Choice and wish to enroll in UHC Choice for 2012 *you do not have to complete a new enrollment form*. You will be defaulted to the UHC Choice Plan.
- If you are enrolled in the Basic Plan or the UHC PPO Medicare Complete Retiree Plan and do not complete a new enrollment form, you will be enrolled in UHC Choice PLUS.
- If you want to change to the UHC Choice Plan you will need to complete a health enrollment form.
- If you want to leave the City plan and change to a plan sponsored by the Milwaukee Retiree Association, or another plan, notify the ERS staff in writing.
- All retirees will receive a new health card from UHC and a new drug card from Medco for 2012. ERS does not send out cards.

Be sure to contact your health plan or doctor's office to make sure your doctors and preferred hospital are continuing with the plan you select for 2012. All retiree enrollment forms **must be in the ERS office on or before 4:45 pm Friday, October 28, 2011.**

COME TO THE FAIR



Open Enrollment Fairs

The City will hold Seven (7) Open Enrollment Fairs that are open to all City employees and retirees. All health plans will be at these fairs. The schedule is listed below.

Thursday, October 6 - 2:00 p.m. to 6:00 p.m. ..... Wilson Park Senior Center
..... 2601 West Howard Avenue

Thursday, October 13 - 9:00 a.m. to 1:00 p.m. ..... City Hall Rotunda
..... 200 East Wells Street

Thursday, October 13 – 3:00 p.m. to 6:00 p.m. ..... Fire and Police Academy
..... 6680 North Teutonia Avenue

Tuesday, October 18 – 1:00 p.m. to 4:00 p.m. ..... Bayview Library
..... 2566 S. Kinnickinnic Avenue

Thursday, October 20 – 9:00 0.m. to 1:00 p.m. ..... City Hall Rotunda
..... 200 East Wells Street

Tuesday, October 25 – 11:00 a.m. to 4:00 p.m. ..... DPW Field Headquarters
..... 3850 North 35th Street

Thursday, October 27 – 3:00 p.m. to 6:00 p.m. ..... Washington Park Library
..... 2121 North Sherman Blvd

When this booklet was printed the City had not established Health/Dental terms for the year 2012 with all employee groups. As a result the employee and retiree contribution levels for active and newly retired may be affected.

City of Milwaukee UnitedHealthcare CHOICE:

The UHC Choice Plan is administered by UnitedHealthcare. Their phone number during open enrollment is 1-866-873-3903.

- UHC CHOICE provides uniform City benefits through in-network providers.
- UHC CHOICE has a national network that in 2012 has over 650,000 physicians and health care professionals and over 5,000 hospitals throughout the United States.
- A retiree outside of SE WI can enroll in UHC CHOICE in 2012 and select a UHC provider and hospital outside of SE WI.
- Retirees enrolling in UHC CHOICE in 2012 will not need to select a primary care physician.
- If your provider leaves UHC CHOICE before the end of the plan year, you must see a new provider offered by UHC CHOICE or pay the provider out-of-pocket. The City cannot guarantee that a provider will be with UHC Choice Plan for the entire year. Physician contracts are established throughout the year, so any physician may choose not to continue with the contract at the renewal date.
- All emergency services are covered as “in-network.”
- All preventive services, as defined by UHC, are covered at 100% without any deductible or co-insurance.

You will be able to go to any UnitedHealthcare provider network in the United States. Be sure to check that the doctor and hospital you want are in the CHOICE Plan network before you finalize your selection. You can do this by calling UnitedHealthcare at 1-866-873-3903, or by going to the internet at www.UHC.com.

City of Milwaukee UnitedHealthcare CHOICE PLUS:

The UHC Choice PLUS is administered by UnitedHealthcare. Their phone number during open enrollment is 1-886-873-3903.

- The CHOICE PLUS Plan provides uniform City benefits through both in-network and out-of-network providers. There are higher deductibles and co-pays with the Choice PLUS Plan.
- UHC CHOICE has a national network that in 2012 has over 650,000 physicians and health care professionals and over 5,000 hospitals throughout the United States.
- A retiree outside SE WI can enroll in the UHC CHOICE PLUS Plan in 2012 and select any provider, either in-network or out-of-network.
- Retirees in UHC CHOICE PLUS Plan do not need to select a primary care physician.
- If your provider leaves the UHC network before the end of the year, you can continue to see that provider, but will have to pay the higher deductibles and co-insurance.
- All emergency services are covered as “in-network.”
- All preventive services, as defined by UHC, are covered at 100% without any deductible or co-insurance.

medco®

All City of Milwaukee Medicare Retirees have the Medco Medicare Part D Drug Plan. All Pre-65 non-Medicare retirees have the Medco Drug Plan. All members in the UHC Choice and UHC Choice PLUS plans have a three tier $5/$25/$50 co-pay for their drugs.

FAQ – Pre-65 Retirees and Medicare Retirees

Why Medco?
Medco's services include:

- A network of thousands of participating retail pharmacies
- Convenient mail-order pharmacies for medications you take on a regular basis
- Helpful and convenient Internet services (**www.medco.com**)
- Sophisticated medication safety checks
- Round-the-clock access to registered pharmacists
- Well-trained Member Services representatives.

Medco looks forward to putting its clinical experience and state-of-the-art technology to work for you.

How do I use my new prescription drug ID card?
Whenever you or a covered family member has a prescription filled at a participating retail pharmacy, present your Medco prescription drug ID card to the pharmacist. It displays your member ID number, which your pharmacist needs to process your prescriptions. To quickly find a retail pharmacy near you, use the Medco online pharmacy locator at www.medco.com or call Member Services (see pg. 26).

How can I find out what medications are covered?
Log on to medco.com® or contact Member Services. First-time visitors to the site will need to register using a member ID and prescription number.

Can I use my current retail pharmacy?
To find out whether a particular pharmacy participates in the network, visit **www.medco.com** or call Medco Member Services.

What is the Medco Pharmacy?
The Medco mail-order pharmacy is one of the largest in the United States.

Why use the Medco Pharmacy?

- Savings
  - You can receive a three-month supply for a two-month co-pay, when you use the Medco pharmacy (mail order). Medicare members can get the same three month supply for a two- month co-pay at some retail pharmacies.
  - Standard shipping is always free (save gas by not driving).
  - It helps keep your drug benefit affordable.
- Convenience
  - You can receive up to a 90-day supply, which saves on trips to the pharmacy.
- Safety
  - Each time you use your prescription drug benefit, the medication or medical supply that you purchase is added to Medco's database. If you're prescribed a medication that could cause an adverse reaction with other medications you're already taking, a Medco pharmacist will alert your doctor to any problems and discuss safer, alternative therapies.

What is the difference between a brand-name and generic medication?
Brand-name medications are marketed under a trademark-protected name and are often available from only one manufacturer. Generic medications contain the same active ingredients as the original brand and must meet the same strict federal regulations as their brand-name counterparts for quality, strength, and purity. Generics typically cost less than brands.

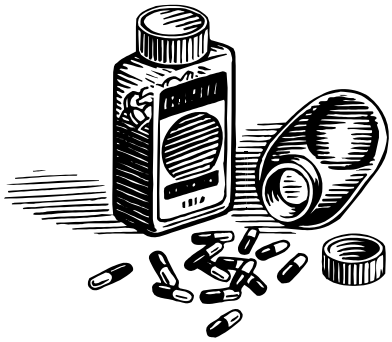
What is a formulary (also known as a preferred drug list)?
A formulary is a list of commonly prescribed medications that are preferred by your plan because they are safe, effective alternatives to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

What can I do to lower my prescription drug expenses?
Generic medications typically cost less than their brand-name counterparts. Talk to your doctor to find out whether there is a generic medication available and appropriate for you. Also, by using The Medco Pharmacy™, you can receive up to a 90-day supply of your long-term medications for a two-month mail-order co-payment.

What if I have a question about a medication or want to speak with a pharmacist?
Registered pharmacists are available 24 hours a day, 7 days a week, to answer questions about your medication. Just call Medco Member Services and the representative will be happy to have a pharmacist join your call.

What information can I access on Medco's website?
You can take advantage of Medco's consumer-friendly website as a registered user. More than 4 million members have registered at **www.medco.com** to enjoy round-the-clock access to these services:

- Order mail-order refills (new prescriptions cannot be submitted on the Web).
- Check the status of your mail-order prescriptions.
- View your account summary and pay mail-order balances.
- Review plan highlights.
- Get information about preferred medications.
- Compare brand-name and generic drug prices.
- Sign up for timely refill reminders.
- Print mail-order forms, claim forms, and temporary ID cards.
- Locate participating retail pharmacies.
- Get health and wellness information.



Registering is simple and safe, and your information is secure and confidential

Do I need a new "pre-authorization" (PA) beginning in 2012 with Medco?
Yes, members will have to get a new pre-authorization for those drugs they are currently using that require a pre-authorization.

Does the City drug plan have a deductible, co-insurance or out-of pocket maximum?
No, there are no deductible, co-insurance or co-pays, nor do the deductible, co-insurance or out-of-pocket maximum with the health plans apply to the drug plan. There is a $5/$25/$50 co-pay only.

City of Milwaukee Diabetic Benefits for Retirees

Diabetic Claims (Equipment and Supplies) Claims Adjudication Processes

Non-Medicare Retirees	
Item	**Claim Adjudication**
Durable Medical Equipment (DME) to include insulin pumps and the supplies used for insulin pumps and meters.	Processed through the medical benefit for both UHC Choice and UHC Choice PLUS plans (See #8 on the Summary Benefit Table) Meters are available at no charge to the member.
Diabetic testing supplies to include test strips, lancets, syringes, etc.	Processed through the pharmacy benefit (Medco). • UHC Choice members and UHC Choice PLUS members have a three tier drug plan, $5/$25/$50 for diabetic testing supplies.

Medicare Retirees	
Item	**Claim Adjudication**
Durable Medical Equipment (DME) to include insulin pumps and the supplies used for insulin pumps and meters.	Processed through the medical benefit for both UHC Choice and UHC Choice PLUS plans (See #9 on the Summary Benefit Table) Meters are available at no charge to the member.
Diabetic testing supplies to include test strips, lancets, syringes, etc.	Processed through the pharmacy benefit (Medco). UHC Choice members and UHC Choice PLUS members have a three tier drug plan, $5/$25/$50 for diabetic testing supplies

Hospital Quality

The City understands the value of hospitals providing a high quality of care. There are several measures available for review of hospital quality. All the Milwaukee area hospitals are participating in quality assurance programs called the Leapfrog program and the Wisconsin Hospital Association (WHA) Checkpoint plan and Pricepoint plan. For more information about:

- WHA checkpoint data visit www.wicheckpoint.org click on, Reports, and then to South East Wisconsin hospitals. All Milwaukee and Wisconsin hospitals are using the WHA checkpoint and pricepoint system.
- Leapfrog hospitals data in WI, visit www.leapfroggroup.org/. Not all Milwaukee and Wisconsin hospitals are currently participating in Leapfrog.
- For quality information see Wisconsin Collaborative for Health Care Quality, www.wchq.org.

Healthy Links:

There are many helpful links on the internet that can help you maintain a healthy lifestyle. Among the sample of sites listed are sites from government, hospitals and insurance companies:

- A Healthier US Starts Here: www.mymedicare.com then go to "my Medicare" and "A Healthier US starts here" for information on prevention and wellness services available to all Medicare members.
- Safety & Wellness tips www.os.dhhs.gov
- Smoking cessation www.covhealth.org
- Wellness Walking Program www.froedtert.com
- Heart Care www.columbia-stmarys.org
- WI Governor's Challenge www.wisconsinchallenge.org
- Physical activity to maintain good health www.aurorahealthcare.org/services/business/getmoving/index.asp
- UnitedHealthcare (UHC) UHC CHOICE and UHC CHOICE PLUS site: www.uhc.com/ includes information about wellness services available to all UHC CHOICE and CHOICE PLUS members.
- Medco: www.medco.com (after January 1, 2012)

Definition of New Terms for 2012

Monthly Retiree Premium or contribution:

- The monthly retiree premium, or contribution, is the amount paid monthly by each member or deducted from their monthly pension check.

Deductible:

- The retiree deductible is the amount paid before health plan pays first dollars
- This means all services – provider visits, hospital visits, and emergency room services – are paid by the retiree at 100% to a specific dollar limit with exception of prescription drug costs and preventive services.

Co-insurance:

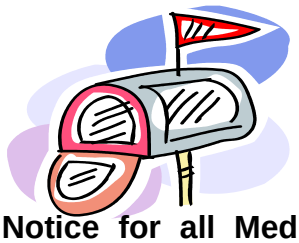
- The retiree co-insurance is a specific percentage of the total cost for a medical service that is paid by member.
- This means that all services are paid at a specific percentage until the retiree reaches a specific dollar limit.

Maximum out-of-Pocket:

- Beyond a certain retiree out-of-pocket contribution, services are covered at 100% by the employer or health insurance plan.

Co-pays:

- Retiree co-pays are specific dollar amounts that a retiree pays for a service.
- City retirees will have a three-tier co-pay for drugs at $5/$25/$50 in 2012 with both UHC Choice and UHC Choice PLUS



NOTICES

- **Notice for all Medicare Retirees, Medicare dependents or Medicare family members to select both Part A and Part B of Medicare:**

  Retirees eligible for Medicare as a result of a disability and who are under 65 must select Medicare Part A & B. This is a requirement of all health plans offered by the City.

- **Notice for all Medicare Retirees, Medicare dependents or Medicare family members:**

  All City enrollees with Medicare are automatically enrolled in the Medco Medicare D Drug Plan.

- **No application should ever be mailed directly to the health plan**.

  See complete instructions on the health enrollment form.

- **Notice to Retirees Regarding the Thirty-Day Rule:**

  Retired employees are responsible for keeping their enrollment status current - notifying the Employee Retirement System **within 30 days** of births, adoptions, marriages, divorces, dependents ceasing to be dependents, former dependents that become eligible dependents again, deaths and **Medicare coverage**. (Non-compliance with this Thirty-Day Rule may expose the City and/or you to additional costs.) **There will be no exceptions to this rule.**

- **Notice to Retirees regarding the One-Family Plan Rule**:
  - ❖ City retirees who are married to each other may only carry one health plan between them.
  - ❖ You are required to report your marriage to another city retiree within 30 days of the date of your marriage.
  - ❖ There may be financial penalties if you fail to report your marriage.

- **Notice to Retirees with Other Health Coverage**:
  - ❖ Retirees with other coverage through their own employment or their spouse's employment or retirement must choose one plan.
  - ❖ There is no penalty for a City retiree who waives coverage and enrolls for coverage through a spouse or another health plan.
  - ❖ When a retiree loses other coverage they can re-enroll with City retiree coverage

Notice to Fire and Police Retirees:

Your deductions can be taken pre-tax; contact ERS at (414)286-3557 for more information.

Something to Remember

We strongly recommend that you review the benefits and cost to you of the two plans offered. Call the plans directly for more information, or attend one of the information fairs listed on page 5. Remember, you can also get information from the Milwaukee Retiree Association for the two plans they provide through National Benefit Consultants, including the $0 premium plan.

SUMMARY OF HEALTH INSURANCE BENEFITS FOR:
MEDICARE RETIREES ONLY

NOTE: Medicare Coordination Strategy: The City considers ALL claim benefit payments made by Medicare as the Primary health insurance payer for participants to be counted as the retiree's contribution to UHC Choice and UHC Choice PLUS deductibles, co-insurance and out-of-pocket maximum(s). The actual out-of-pocket costs for Medicare retirees who only uses Medicare services will be lower because of the coordination of benefit strategy. The out of pocket maximum assumes that the Medicare deductible will be $162 in 2012. If the deductible is higher, the out of pocket maximum will increase as well. For benefits that are not covered by Medicare but are covered by UHC Choice or UHC Choice PLUS, services are subject to full deductible, co-insurance and out of pocket.

This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
1. Annual Deductible Individual Deductible	$500 per year (See NOTE at top of page)	$750 per year (See NOTE at top of page)	$1,500 per year (See NOTE at top of page)
2. Co-Insurance Each Member pays:	10% up to $500 (See NOTE at top of page)	10% up to $750 (See NOTE at top of page)	30% up to $1,500 (See NOTE at top of page)
3. Out-of-Pocket Maximum Individual Out-of-Pocket Maximum	Up to $1,000 per year (See NOTE at top of page)	Up to $1,500 per year (See NOTE at top of page)	Up to $3,000 (See NOTE at top of page)
4. Benefit Plan coinsurance – Amount the Plan Pays	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
5. Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
6. Ambulance Services – Emergency & approved Non-Emergency	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
7. Autism Spectrum Disorder Services	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
8. Dental Accident/Oral Surgery Oral Surgery coverage is limited to 13 specific oral surgical procedures. (See end of benefit summary on pg.14).*	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
9. Durable Medical Equipment	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
10. Emergency Health Services	90% after Deductible met. $150 copay after out-of-pocket maximum met.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	0% after Deductible met. $150 copay after out-of-pocket maximum met.
11. Hearing Aids – only for enrolled dependent children under age 18 Limited to one hearing aid per year, every 3 yrs	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
12. Home Health Care Benefits are limited to 40 visits per calendar yr	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
13. Hospice	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
14. Hospital – Inpatient Stay	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met

SUMMARY OF HEALTH INSURANCE BENEFITS FOR:
MEDICARE RETIREES ONLY

NOTE: Medicare Coordination Strategy: The City considers ALL claim benefit payments made by Medicare as the Primary health insurance payer for participants to be counted as the retiree's contribution to UHC Choice and UHC Choice PLUS deductibles, co-insurance and out-of-pocket maximum(s). The actual out-of-pocket costs for Medicare retirees who only uses Medicare services will be lower because of the coordination of benefit strategy. The out of pocket maximum assumes that the Medicare deductible will be $162 in 2012. If the deductible is higher, the out of pocket maximum will increase as well. For benefits that are not covered by Medicare but are covered by UHC Choice or UHC Choice PLUS, services are subject to full deductible, co-insurance and out of pocket.

This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
15. Lab, X-Ray & Diagnostics - Outpatient	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
16. Mental Health Services	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
17. Nutritional Counseling	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
18. Physician Fees for Surgical & Medical Services	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
19. Physician Office Services – Sickness and Injury.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
20. Preventive Care Services Includes Physician Office Visit, Lab, X-Ray or other preventive tests. Generally when a service is performed during your annual preventive care visit, specifically for preventive screening, and there are no known symptoms, illnesses or history, the services will be considered for this benefit. For more information about preventive services that might be right for you, visit www.uhcpreventivecare.com.	100% Deductible does not apply	100% Deductible does not apply	Not Covered
21. Prosthetic Devices	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
22. Rehabilitation Services – Chiropractic Treatment	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
Rehabilitation Services – Outpatient Therapy Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit maximum per year for each necessary therapy.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
23. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services. 120 day maximum per inpatient stay.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met

SUMMARY OF HEALTH INSURANCE BENEFITS FOR:
MEDICARE RETIREES ONLY

NOTE: Medicare Coordination Strategy: The City considers ALL claim benefit payments made by Medicare as the Primary health insurance payer for participants to be counted as the retiree's contribution to UHC Choice and UHC Choice PLUS deductibles, co-insurance and out-of-pocket maximum(s). The actual out-of-pocket costs for Medicare retirees who only uses Medicare services will be lower because of the coordination of benefit strategy. The out of pocket maximum assumes that the Medicare deductible will be $162 in 2012. If the deductible is higher, the out of pocket maximum will increase as well. For benefits that are not covered by Medicare but are covered by UHC Choice or UHC Choice PLUS, services are subject to full deductible, co-insurance and out of pocket.

This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
24. Substance Use Disorder	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
25. Temporomandibular Joint disorder Treatment (TMJ) Benefits are limited to $1,250 per year for diagnostic procedures and non-surgical treatment.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
26. Transplant Services	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
27. Urgent Care	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	70% after Deductible met 100% after Out-of-Pocket Maximum is met
28. Vision Care One routine vision exam at a Network provider every 2 years.	90% after Deductible met 100% after Out-of-Pocket Maximum is met	90% after Deductible met 100% after Out-of-Pocket Maximum is met	Not Covered.
29. Prescription Drug Benefits administered by MEDCO			
Retail Pharmacy – 30 day supply	$5/$25/$50 copay	$5/$25/$50 copay	Not Covered.
Mail Order – up to 90 day supply	$10/$50/$100 copay	$10/$50/$100 copay	Not Covered.
30. Dependent Coverage	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), adopted children and children placed for adoption as mandated by the State or Federal government. Based on the recent federal health care reform, coverage for dependent children is through the end of the calendar year in which the dependent child or adult child turns 26, without regard to the adult child's school status, marital status or dependent status. There will be state imputed tax only, not federal imputed tax, if the adult child is not an IRS dependent.		

*** UnitedHealthcare and Anthem Oral Surgery is limited to the following 13 oral surgical procedures (see #8 above):**

1. Surgical removal of bony impacted teeth;
2. Excision of tumors, cysts of the jaws, cheeks, lips, tongue, roof of mouth when such conditions require pathological examination;
3. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of mouth;
4. Apicoectomy;
5. Excision of exostosis of jaws and hard palate;
6. Treatment of fractures of facial bones;
7. External incisions and drainage of cellulitis;
8. Incision of accessory sinuses, salivary glands or ducts;
9. Gingivectomy;
10. Alveolectomy;
11. Frenectomy;
12. Removal of retained root;
13. Gingival and Apical curettage.

SUMMARY OF HEALTH INSURANCE BENEFITS FOR:
NON-MEDICARE UNDER 65 RETIREES ONLY

NOTE:This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
1. Annual Deductible Individual Deductible Family Deductible	 $500 per year $1,000 per year	 $750 per year $1,500 per year	 $1,500 per year $3,000 per year
2. Co-Insurance Each Member pays:	 10% up to $500	 10% up to $750	 30% up to $1500
3. Out-of-Pocket Maximum Individual Out-of-Pocket Maximum Family Out-of-Pocket Maximum	 $1,000 per year $2,000 per year	 $1,500 per year $3,000 per year	 $3,000 per year $6,000 per year
4. Benefit Plan coinsurance – Amount the Plan Pays	90% after Deductible met	90% after Deductible met	70% after Deductible met
5. Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum	No Lifetime Maximum
6. Ambulance Services – Emergency & approved Non-Emergency	90% after Deductible met	90% after Deductible met	90% after Deductible met
7. Autism Spectrum Disorder Services	90% after Deductible met	90% after Deductible met	70% after Deductible met
8. Dental Accident/Oral Surgery Oral Surgery coverage is limited to 13 specific oral surgical procedures. (See end of benefit summary on pg.14).*	90% after Deductible met	90% after Deductible met	70% after Deductible met
9. Durable Medical Equipment	90% after Deductible met	90% after Deductible met	70% after Deductible met.
10. Emergency Health Services	90% after Deductible met $150 per service after out of pocket maximum reached	90% after Deductible met $150 per service after out of pocket maximum reached	70% after Deductible met $150 per service after out of pocket maximum reached
11. Hearing Aids Benefits are limited to enrolled dependent children under 18, limited to one hearing aid per year, every 3 years	90% after Deductible met	90% after Deductible met	70% after Deductible met
12. Home Health Care Benefits are limited to 40 visits per calendar year.	90% after Deductible met	90% after Deductible met	70% after Deductible met
13. Hospice	90% after Deductible met	90% after Deductible met	70% after Deductible met
14. Hospital – Inpatient Stay	90% after Deductible met	90% after Deductible met	70% after Deductible met
15. Lab, X-Ray & Diagnostics - Outpatient	90% after Deductible met	90% after Deductible met	70% after Deductible met
16. Mental Health Services	90% after Deductible met	90% after Deductible met	70% after Deductible met
17. Nutritional Counseling	90% after Deductible met	90% after Deductible met	70% after Deductible met
18. Physician Fees for Surgical & Medical Services	90% after Deductible met	90% after Deductible met	70% after Deductible met
19. Physician Office Services – Sickness and Injury.	90% after Deductible met	90% after Deductible met	70% after Deductible met

SUMMARY OF HEALTH INSURANCE BENEFITS FOR:
NON-MEDICARE UNDER 65 RETIREES ONLY

NOTE:This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail.

Type of Coverage	UHC CHOICE	UHC CHOICE PLUS (Replaces the Basic Plan)	
	Network Only Benefits	Network Benefits	Non-Network Benefits
20. Preventive Care Services Includes Physician Office Visit, Lab, X-Ray or other preventive tests. Generally when a service is performed during your annual preventive care visit, specifically for preventive screening, and there are no known symptoms, illnesses or history, the services will be considered for this benefit. For more information about preventive services that might be right for you, visit www.uhcpreventivecare.com.	100% Deductible does not apply	100% Deductible does not apply	Not Covered
21. Prosthetic Devices	90% after Deductible met	90% after Deductible met	70% after Deductible met
22. Rehabilitation Services – Chiropractic Treatment	90% after Deductible met	90% after Deductible met	70% after Deductible met
23. Rehabilitation Services – Outpatient Therapy Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit max per year for each necessary therapy.	90% after Deductible met	90% after Deductible met	70% after Deductible met
24. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services. 120 day maximum per inpatient stay.	90% after Deductible met	90% after Deductible met	70% after Deductible met
25. Substance Use Disorder	90% after Deductible met	90% after Deductible met	70% after Deductible met
26. Temporomandibular Joint disorder Treatment (TMJ) Benefits are limited to $1,250 per year for diagnostic procedures and non-surgical treatment	90% after Deductible met	90% after Deductible met	70% after Deductible met
27. Transplant Services	90% after Deductible met	90% after Deductible met	70% after Deductible met
28. Urgent Care	90% after Deductible met	90% after Deductible met	70% after Deductible met
29. Vision Care One routine vision exam at a Network provider every 2 years.	90% after Deductible met	90% after Deductible met	Not Covered.
31. Prescription Drug Benefits administered by MEDCO			
Retail Pharmacy – 30 day supply	$5/$25/$50 copay	$5/$25/$50 copay	Not Covered.
Mail Order – up to 90 day supply	$10/$50/$100 copay	$10/$50/$100 copay	Not Covered.
30. Dependent Coverage	Include employee's spouse; eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), adopted children and children placed for adoption as mandated by the State or Federal government. Based on the recent federal health care reform, coverage for dependent children is through the end of the calendar year in which the dependent child or adult child turns 26, without regard to the adult child's school status, marital status or dependent status. There will be state imputed tax only, not federal imputed tax, if the adult child is not an IRS dependent.		

NOTES

Welcome

We're glad you're here.

While no one can predict the future, you can prepare for it. Your UnitedHealthcare benefits provide you with access to people, resources and tools to help you when you aren't feeling your best. We also have created programs to help you improve your health and wellness. We believe knowledge is the heart of your health care, so we want to give you resources to help you:

- Be active with your health care
- Make healthy choices
- Find answers
- Save money
- Take charge of your health

This guide will help you find what you need, when you need it.

Let's get started.

Renewing members

Welcome back. Please take a close look at this year's benefit coverage documents. Changes have been made that may affect you. If you have questions, please call the toll-free, member phone number on the back of your ID card.

Your website

You'll find answers to your benefit questions at myuhc.com®

It's easy to get your own personalized page on myuhc.com. Your page lets you quickly check claim status, find doctors and pharmacies, and get answers fast.

Registration is quick and simple:

1. Go to myuhc.com
2. Click the *Register Now* button
3. Enter your ID number information and Group/Account number (found on your ID Card) or, if you do not have your ID card, enter your Social Security number and birth date as requested
4. Enter your e-mail address or sign up for a free e-mail account
5. Choose a user name and password — then start using myuhc.com
6. Set yourself up for successful organization and management of your health and wellness. Click *Account Settings* on the top navigation

UnitedHealthcare®

To learn more, view the **myuhc.com** online demo. The demo lets you click around and learn about the site before you register. The *"Site Demo"* link is located in the upper right-hand corner of the myuhc.com pre-login home page.

Welcome to your new prescription drug benefit, managed by Medco.

medco
MAKING MEDICINE SMARTER®

As a Medco member, you'll benefit from a higher level of care. You'll find the services that you're used to with a traditional pharmacy—and then some. **Start managing your prescription benefit today with online tools, at no cost to you**

Online Safety Net

Protect yourself 24/7 with safety alerts. Register at medco.com®

- Your prescription benefit includes an online safety feature that could help you avoid certain health risks related to your medications. It's no cost to you, whether you get your medications at a retail pharmacy or by mail through the *Medco Pharmacy*®.

- After your one-time registration, you'll automatically receive an e-mail whenever you have a personalized alert waiting for you at medco.com®. These personalized alerts can notify you if:
  - You're running low on a medication
  - You miss a prescription refill
  - You may be missing a medication that could benefit your health and you need to discuss it with your doctor

Important Information About Your COBRA continuation coverage Rights

What is continuation coverage?

Federal law requires that group health plans (including the City of Milwaukee Plan) give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who is not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including: open enrollment and special enrollment rights. Specific information describing continuation coverage can be obtained from the Employes' Retirement System, 789 North Water St., Suite 300, Milwaukee, WI 53202, 414-286-3557.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of continuation coverage?

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the City of Milwaukee Employee Benefits of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify the City of Milwaukee Employee Benefits of that fact within 60 days of the SSA's determination and before the end of the first 18 months of continuation coverage. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the City of Milwaukee Employee Benefits of that fact within 30 days of SSA's determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events include the death of a covered employee, divorce or separation from the covered employee, the covered employee's enrolling in Medicare, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. You must notify the City of Milwaukee Employee Benefits within 60 days after a second qualifying event occurs.

How can you elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law.

1. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap.
2. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you.
3. Finally, you should take into account that you have special enrollment rights under federal law.
   a. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above.
   b. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage (or, in the case of an extension of continuation coverage due to a disability, 150 percent). The required payment for continuation coverage for the qualified beneficiaries listed on page one of this notice is described on page one.

When and how must payment for continuation coverage be made?

1. First payment for continuation coverage

   If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

   Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact the City of Milwaukee Employee Benefits to confirm the correct amount of your first payment.

Your first continuation coverage payment should be sent to:

Employes' Retirement System
789 North Water Street, Suite 300
Milwaukee, WI 53202

2. Periodic payments for continuation coverage

   After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of the month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

Periodic continuation coverage payments should be sent to:

Employes' Retirement System
789 North Water Street, Suite 300
Milwaukee, WI 53202

3. Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days *[or enter longer period permitted by Plan]* to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from the Plan Administrator.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA web site at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Special Notice to All

Retirees and their Families

Women's Health and Cancer Right Act Notice
Special Rights Following Mastectomy

A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of mastectomy.

The City of Milwaukee health plans comply with these requirements. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. The City of Milwaukee health plans do not impose penalties (for example, reducing or limiting reimbursements) and do not provide incentives to induce attending providers to provide care inconsistent with these requirements.

Questions, call the Employes' Retirement System at (414) 286-3557.

H O W T O E N R O L L

ENROLLMENT FORMS

1) If you are making a change and need a health enrollment application, they will be available at the following locations:
   a) Health Carriers;
   b) Open Enrollment Fairs;
   c) Internet – www.milwaukee.gov/der; www.cmers.com
   d) ERS Office, 789 North Water Street
   e) City Hall, Room 706.
2) If you add or delete a dependent(s):
   a) Complete a Health Enrollment Form,
   b) Write the name of the dependent in SECTION B of the Health Enrollment Form.
   c) Place a check (☑) in the appropriate box in SECTION C on the Health Enrollment Form.
3) **If you do not want health coverage, or wish to waive coverage contact the Health Insurance Specialist at ERS for an appropriate waiver form or send a letter to the pension office with an effective date.** Note there is no penalty for a retiree who waives coverage and takes coverage through a spouse's health plan, other employment or a Medicare complete plan. If you waive coverage you cannot re-enroll until the next open enrollment, unless there is a qualifying event. Retirees must maintain coverage if they wish to re-enroll in a City plan at some future date.
4) **Notice for all Medicare Retirees, Medicare dependents or Medicare family members to select both Part A and Part B of Medicare**: Retirees eligible for Medicare as a result of a disability and who are under 65 must select Medicare Part A & B. This is a requirement of all health plans.

If you are making a Health Plan Change for the Year 2012

1 . Write **"RETIREE**" in the **JOB TITLE** box of all enrollment forms.
2 . A COBRA enrollee will write "COBRA" in the JOB TITLE box.
3 . DO NOT write anything in the CITY START DATE and RETURN TO WORK DATE boxes.

If you are eligible for both parts of Medicare (Part A and Part B)

1. Please be certain to attach a photocopy of your Medicare I.D. card, and for your spouse if applicable, to your enrollment form.
2. Since coverage under Medicare usually reduces your monthly health insurance premium, it is important you make certain that we know of your Medicare coverage and that we are charging you the correct monthly health insurance premium.

All "RETIREE" applications should be returned to the office at the address below no later than 4:45 p.m. Friday, October 28, 2011:

City of Milwaukee
Employes' Retirement System
Suite 300
789 North Water Street
Milwaukee, WI 53202

Important Telephone Numbers & Websites

TELEPHONE NUMBERS	LOCAL	800#
Employes' Retirement System	414-286-3557	1-800-815-8418

Health Plan Telephone Numbers and Websites

UHC Choice	1-800-741-8786	www.myuhc.com
UHC Choice PLUS	1-800-741-8786	www.myuhc.com
UnitedHealthcare Care24	1-888-887-4114	
Medco (for Medicare retirees)	1-866-544-6963	www.medco.com
Medco (for non-Medicare pre 65 retiree)	1-866-544-8642	www.medco.com
Medicare	1-800-633-4227	www.medicare.gov

If you have any questions regarding your benefits, or regarding unpaid bills, or problems with service, please call your health plan. **DO NOT** call the ERS office until you have contacted your health plan and are unable to arrive at a resolution. ERS will attempt to assist you to resolve your problem, but in no case will ERS attempt to change, question or provide a medical opinion. Remember to document all your conversations with dates, times and names. We will ask you for this information when you call our office.